

St. Michael Catholic School

Sports Supervision & Transportation Registration 2021-22

We are pleased to offer students supervision and transportation to the STMA Middle Schools so that they may participate in afterschool activities. In order for students to use this service, they must be complete this form and return to the school office with the registration fee each season.

This form must be completed and turned in no later than 2 school days before service is requested.

(example: turned in on a Thurs my start the following Monday; turned in on a Fri may start the following Tuesday)

If your child would like to ride the bus over for an eligibility meeting, an email request must be sent at least one day before the eligibility meeting to shouse@stm Catholicschool.org.

Student Name	Grade 2021-22	Activity Participating In	Location		
			East	West	High School

Days Supervision/Transportation is Needed	Dates needing Transportation/Supervision
<input type="checkbox"/> Monday <input type="checkbox"/> Thursday <input type="checkbox"/> Tuesday <input type="checkbox"/> Friday <input type="checkbox"/> Wednesday	Start Date of Activity: _____ End date of Activity: _____

We plan our staffing based on this form. If practice changes or a game is added parents or students must let us know at least the day before to make sure we have staffing in place. Also if the season would be extended for some reason.

Daily Schedule
Students sign-in in the gym. Students are able to have a peanut free snack that brought from home, work on homework, and change into their sports attire.

Registration Fee
Cost per season is \$25.00. Please return this form to our school office with a check. Sports fee written in the memo line.
This fee will help cover our staffing cost for the supervision of the classrooms before the transportation bus arrives.

Notes
Please check the sports website for all additional information regarding sports. If you have any questions please feel free to contact Sharon House at shouse@stm Catholicschool.org or Melissa Schlafke at mschlafke@scatholicschool.org . Parent Signature _____ Date _____ Student Signature _____ Date _____

OFFICE ONLY
CHECK _____ CASH _____ DATE RECEIVED _____